DOCUMENT RESUME

ED 310 296 CG 021 872

AUTHOR Cella, Margot; Gabay, Mary
TITLE Measuring the Quality of Care in Illinois Nursing Homes. Illinois Long Term Care Research and Demonstration Projects Series. Final Report. (1987).
INSTITUTION Illinois State Dept. of Public Aid, Springfield.
PUB DATE 87
NOTE 101p.; For other final reports and how-to manuals, see CG 021 850-873.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS *Evaluation Criteria; Evaluation Methods; Institutionalized Persons; Long Term Care; Medical Services; Nursing; *Nursing Homes; Program Evaluation; *Program Improvement; *Quality Control; State Programs

ABSTRACT

This report evaluates the types of data gathered about nursing homes during a survey process by the State of Illinois through its Inspection of Care Review and Quality Incentive Program (QUIP) assessments. The data are compared to other State systems/demonstrations in an effort to choose those indicators which best measure the quality of care in Illinois nursing homes. The report begins with a description of the Institute of Medicine's report on improving nursing home quality of care. Descriptions of the survey process for the State of Illinois, the Wisconsin Quality Assurance Project and New York's Sentinel Health Events follow. The report notes that the Wisconsin and New York projects operated under waivers of some nursing home regulations granted by the Health Care Financing Administration. A comparison of the quality indicators used by each of the three State systems/demonstrations is provided. Conclusions and recommendations regarding the measurement of quality in Illinois nursing homes is included. The appendix lists quality indicators used in the three systems in these categories: physical plant; quality of life; indirect patient care; custodial services; skilled nursing care; therapies; social services/activities; and staff/management. (ABL)

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Illinois Department of Public Aid

Edward T. Duffy, Director

1987

LONG TERM CARE RESEARCH AND DEMONSTRATION PROJECTS

FINAL REPORTS

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NEW HORIZONS IN LONG TERM CARE

Edward T. Duffy
Director

Illinois Department of Public Aid

Jesse B. Harris Building
100 S. Grand Avenue East
Springfield, Illinois 62762

Funds for collaborative research in long term care were appropriated in the Department of Public Aid's budget in Fiscal Years 1986 and 1987 to find new ways to treat long term care patients in Illinois nursing homes. The $2.5 million appropriation over the two years enabled the State, academic institutions, and providers of long term care to pool their talents for the first time. In all, there were 17 projects funded in Fiscal Year 1986 and 14 projects funded in Fiscal Year 1987, the final year of the Long Term Care Research and Demonstrations projects. The attached document is the final report from one of the 1987 projects.

The Department of Public Aid expects the ideas generated by these projects to be put into reality. There are, in fact, training programs already being disseminated as a result of the research.

This report is one of a series of reports that comprise the long term care projects funded during 1987. Copies of the other reports are available from the Department of Public Aid by writing to Jo Ann Day, Ph.D., Long Term Care Research and Demonstration Project Director, Office for Employment and Social Services.

Sincerely,

Edward T. Duffy
enc.

ETD:JD:gt

MEASURING THE QUALITY OF CARE IN ILLINOIS NURSING HOMES

Final Report

by
Margot Cella, M.S.
Mary Gabay, M.A.

Abt Associates Inc.
Margot Cella, Project Director

Illinois Department of Public Aid
Long Term Care Research and Demonstrations Projects
Jo Ann Day, Ph.D., Project Manager

The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Illinois Department of Public Aid. The authors assume responsibility for the accuracy and completeness of the information contained in this report.

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1.0 INTRODUCTION

Through its Inspection of Care process and Quality Incentive Program (QUIP) assessments, the State of Illinois collects information on nursing homes ranging from their structural and environmental characteristics of the facility to the individual care needs of each Medical Assistance resident. Much of the data gathered during the survey process can serve as quality of care indicators. This report evaluates the types of data gathered by Illinois and compares them to other State systems/demonstrations in an effort to choose those indicators which best measure the quality of care in Illinois nursing homes. It should be noted that an Inspection of Care Review is conducted twice annually on all Medical Assistance residents; QUIP is a voluntary program for nursing homes, wherein participating facilities are assessed twice a year.

The report begins with a brief description of the Institute of Medicine's report on improving nursing home quality of care, presenting the three requirements listed in the report as central to the provision of high quality care and discussing the Institute's recommendations concerning the annual survey of nursing homes conducted by State surveying agencies.

Descriptions of the survey process for the State of Illinois, the Wisconsin Quality Assurance Project and New York's Sentinel Health Events follows. The Wisconsin and New York projects operated (and New York's system continues to operate) under waivers of some federal nursing home regulations granted by the Health Care Financing Administration (HCFA). With the help of these waivers, both Wisconsin and New York were able to design survey processes which differ substantially from the Illinois approach but do incorporate some of features recommended in the Institute of Medicine report.

Chapter 3 provides a comparison of the quality indicators used by each of the three State systems/demonstrations. Chapter 4 follows with conclusions and recommendations regarding the measurement of quality in Illinois nursing homes.

2.0 ASSESSING QUALITY OF CARE

2.1 The Institute of Medicine Report

In October of 1983, HCFA contracted with the Institute of Medicine (IOM) of the National Academy of Sciences to conduct a study of government regulation of nursing homes. The purpose of the study was to recommend modifications in the government regulatory system, policies and procedures, which would improve the system's ability to assure quality care for all nursing home residents. The Committee on Nursing Home Regulation report, Improving the Quality of Care in Nursing Homes, published in 1986 contains the Committee's recommendations and ideas concerning quality assessment, regulatory criteria, monitoring of nursing home performance, and enforcement of federal standards.

The IOM report presents three requirements the Committee believes to be central to the provision of high quality nursing home care: 1) a competently conducted, comprehensive assessment of each resident; 2) development of a treatment plan that integrates the contributions of all the relevant nursing home staff, based on the assessment findings; and 3) properly coordinated, competent, and conscientious execution of all aspects of the treatment plan.[1]** The degree to which these requirements are fulfilled by nursing homes is measured by facility and resident assessments completed during a facility's annual survey.

A new annual survey process recommended in the report features a two-stage survey approach, case-mix referencing, and the use of key indicators of quality to uncover problems in the quality of care provided.

The two-stage survey is highlighted by a shorter, resident-centered, outcome-oriented, standard survey. Facilities in which the

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[1] Improving the Quality of Care in Nursing Homes, Committee on Nursing Home Regulation, Institute of Medicine, page 48.

standard survey reveals problems with key quality indicators would be subject to an extended survey involving additional observation and interviews. This extended survey would attempt to ascertain the cause of the poor resident outcomes documented with the standard survey, determining to what extent structure and process characteristics of the facility and its operation are responsible. Such a survey approach is expected to relieve good facilities from the burdensome regular annual survey and permit concentration of regulatory efforts on marginal and poor facilities.

Case-mix referencing is an important part of this new survey process. Because each facility has a unique population with different proportions of residents having a particular set of characteristics (i.e., one facility may have a higher proportion of residents who are at high risk for decubitus ulcers due to being bed-ridden than another), key indicators of quality may be more relevant to residents of one facility than another. Both the standard and extended surveys would assess samples of residents which are stratified by a set of standard (HCFA-established) case-mix categories that center around the mental and physical status of residents. This would allow for better comparability of quality indicators across facilities.

The key indicators of quality used in this new survey process would be primarily resident-centered outcome and process measures. Information concerning these indicators would come directly from resident assessment data collected by inspectors through direct observation, interviewing, and assessment of a sample of residents stratified by case-mix. Key indicators can be either positive or negative in nature. Examples of negative indicators include excessive use of psychotropic drugs, excessive rate of adverse drug reactions, high incidence of urinary tract infections among catheterized residents, development of avoidable decubitus ulcers, dehydration, contractures, avoidable declines in functional status, and unexplained weight change. Positive indicators include the lowering of blood pressure in hypertensives, a large percentage of residents eating most

of the food served to them, and clean and neatly groomed residents dressed in street clothes. The presence of negative indicators and absence positive ones are prima facie evidence of a possible problem in the quality of care provided.

The Committee's intention in recommending this new survey process is to compel surveyors to scrutinize the actual care being provided and its effect on residents, rather than perpetuating the usual emphasis on reviews of records, forms, written procedures, and the structural capacity of a facility to provide quality care.

2.2 Quality Assessment in Illinois

Two assessment instruments are used by the Illinois Department of Public Aid to measure resident need of services and the quality of care provided in the State's long term care facilities. They are the Inspection of Care (IOC) process and the Quality Incentive Program (QUIP).

The IOC assessment is conducted twice annually on all Medical Assistance nursing home residents. It fulfills the federal inspection requirement and also serves as a basis for rate setting, determining reimbursement amounts for direct nursing services. Case managers evaluate the precise needs of residents and, through observation and record review, decide whether the residents' needs are met.

It is the information gathered by the IOC process that forms the basis of the Quality Incentive Program. QUIP is a quality evaluation program that provides positive incentives to facilities by adding a premium to a facility's reimbursement if it provides services above a minimum quality. The objective of QUIP is to develop recognition among those involved in the delivery of long-term care of what constitutes excellent care and, through this recognition, improve the well-being of residents.

The IOC survey instruments consist of an assessment of the need for care and a summary form. The Illinois Assessment of Need for

Care is completed for every Medicaid resident in the State's nursing homes. It documents the resident's functional needs, service needs, and social service needs. Using established definitions of level of need in each category, reviewers determine the resident's level of need and the appropriate training level if training is necessary. Through direct observation and review of resident records, the reviewer determines whether the resident is receiving the care needed. For functional needs the categories of assessment are bathing, clothing, eating, mobility, continence, and psycho-social/mental status. Service need categories are appliances, catheterization, decubitus care, wound care, injections, IVs, lab specimens, language rehabilitation, ostomy care, physical rehabilitation, respiratory therapy, suctioning, tracheostomy care, discharge planning and passive range of motion. When assessing social services, reviewers ascertain whether social service assessments have been performed and are updated regularly, and they evaluate the adequacy of the social services provided.

The IOC summary form allows the information gathered through the need for care assessments to be summarized for each facility. On the summary form reviewers record the number of residents in need of care and the number of residents whose level of need is not met for each functional and service need category. Besides summarizing functional and service needs, the form also contains space for comments on a number of housekeeping, laundry, maintenance, dietary, supplies, infection control, fire and safety, and social service considerations.

Information gathered by the IOC process is then used in the QUIP evaluations. Participation in the QUIP is voluntary. For those facilities who choose to participate (and approximately ninety percent of Illinois nursing homes have), case managers evaluate quality of care in up to five areas depending upon which of the five QUIP areas the facility selects. The areas include structure and environment, resident participation and choice, community and family participation, resident satisfaction, and effective patient care management. This

last area is divided into two categories: care plan goals and intensive intervention programs.

For every area, assessments are given some type of numerical score. In some instances, scores are assigned to each criterion within an area as a range of points where 0 represents the case managers conclusion that minimum standards are not exceeded, 3 represents the conclusion that minimum standards are sometimes or to a limited degree exceeded, and a score of 6 represents the conclusion that standards are greatly or consistently exceeded. Other types of scores include the percentage of residents whose care fulfills specified requirements. After a facility's selected areas are scored and totalled, a QUIP Summary of Findings is completed. The Summary of Findings compares a facility's total scores to the pre-set scores needed to be achieved in order for the facility to be considered as providing better quality care than the minimum standards. If the facility scores the same as or better than the pre-set score, it qualifies for additional reimbursement. The additional reimbursement can be as much as $2.00 a day per patient, providing the positive incentive needed to bring about improvements in care quality.

2.3 Wisconsin's Nursing Home Quality Assurance Project (QAP)

Between 1978 and 1982, the Wisconsin Department of Health and Social Services conducted a demonstration with a grant from the Health Care Financing Administration which developed and employed an alternative to the State's previous facility surveys which were expensive, time-consuming and focused on a nursing homes ability to satisfy regulations rather than on promoting improvement in its quality of care delivery.

The primary objective of the demonstration centered around increasing the effectiveness of the State's facility survey and inspection of resident care. The approach involved screening facilities on a model of quality care consisting of ten criteria each with several components and sampling residents for in-depth reviews of care

provision. This process allowed for a reallocation of existing resources to homes with quality care problems instead of expending those resources on a full--1500 plus item checklist of federal and state regulations--survey in every home.

The first-step in the development of this new facility screening process was to define quality of care with respect to geriatric nursing home residents. A ten member panel of professionals from the nursing home industry, the State surveying agency, academia, and consumer advocacy groups formed a composite model of quality care. This resulted in the Facility Assessment form which contained a checklist of components for each of the following ten criteria: philosophy/general impressions, management, care management, residents' condition, residents' importance, professional ties, staff, dietary, facility appearance/environment, and facility safety.

A surveyor team consisting of a nurse, social worker, sanitarian and advisory nursing home administrator spent two days at each facility completing the survey process which included both the facility and resident assessment. The assessment was conducted through interviews with staff and residents and reviews of resident medical charts. Components included on the facility assessment were marked OK, if no quality or compliance problems were observed. If problems were found to exist, comments describing the problems were recorded on the form, and if any item on the facility assessment was not observed, that was recorded as well.

The resident assessment was conducted in a similar manner by the same surveyor team responsible for the facility assessment. Resident assessments were completed for a sample of residents of all pay types in homes with a history of adequate or better care provision. The decision of whether nursing homes would be eligible for sampling was made using a set of core criteria as objective guidelines. The core criteria included such things as whether the home had undergone a change in ownership and whether the home had received a total of two or more violations on or since its last survey. If a

home met any of the core criteria, it was scheduled for the full mandated facility survey and inspection of care of all Medicaid residents. In homes where sampling was used, surveyors interviewed staff and residents with nurses concentrating on the care areas of M.D. involvement, medications, diet, therapies, basic nursing, restorative nursing, lab and X-ray, and other services. Social workers assessed activities, social services and discharge planning. The home either passed or failed depending on the number of residents sampled who were found to be receiving an inappropriate level of care. If the home failed the resident assessment, an inspection of care of all Medicaid residents was implemented. Likewise, if the facility screening suggested the home was experiencing problems with care provision, the mandated full survey was performed.

Besides applying the mandated full survey and inspection of care to homes with pervasive compliance problems, surveyors could recommend other followup actions. These included consultation, inservices, special advisors, surprise surveys, and further investigation as well as citing code violations. This flexibility in followup actions was supposed to allow surveyors to better work with nursing homes to improve the quality of care.

Results of Wisconsin's demonstration are mixed. The anticipated outcomes did not fully occur. No data suggesting that the primary objective of improving the quality of care provided by nursing homes was achieved was found. There were no differences in overall compliance with regulations or in Medicaid reimbursement between QAP facilities and facilities surveyed using the old method. However, fewer staff hours were needed in the QAP facilities to conduct the survey. Surveyors were able to produce results under the QAP that were comparable to the mandated methods with fewer total staff hours. The goal of reallocating time form good to poor homes was only partially met. QAP surveyors spent less total time in homes of all quality, rather than spending the same amount of time with a greater proportion of that time spent in poor homes.

2.4 New York's Sentinel Health Events

In 1981, the State of New York began using a new survey process that incorporated into the review of nursing home care a systematic collection of data on a set of resident outcomes known as Sentinel Health Events (SHEs). The SHEs were instituted to help focus attention on well-defined problem areas, standardize surveyors' approach to service provision review and increase surveys' response to patient outcomes. The original SHE review process remained in place in New York until August of 1986. At that time, an interim survey process which maintained the use of SHEs (with some revisions) was put into effect and continues to be utilized.

SHEs are events that lead one to ask "Why did they occur?" They are identified and investigated by a two-stage review process. The first stage of the review process begins with a survey team drawing a random sample of 30% of a facility's residents with a maximum of 100 residents and a minimum of forty. Stage I reviews are then performed on these residents to determine the presence/absence of each SHE. The SHEs currently being used by New York include accidents, discharge/transfers, decubitus, contractures, catheters, mobility, tube feeding, behavioral problems, grooming, medications review and activities.

The reason why a SHE is present is not explored in the Stage I review. The presence is merely noted and if the proportion of residents having a particular SHE exceeds the statewide norm, a Stage II review is scheduled. (For the medication review and activities SHEs, there is no Stage I review. These SHEs automatically receive a Stage II review.)

The Stage II review is a process review in which the quality of care received by a maximum of twenty residents identified by the Stage I review as having a SHE is reviewed in detail. Stage II reviews assess the three following quality considerations: 1) Did the facility take steps to prevent particular problems?; 2) Did staff deal

with problems once they arose?; and 3) Did staff monitor the impact of the treatment plan to correct the problem, adjusting it when necessary?

Two components make up the State II review. The first part is a validating step which checks to be sure the patient does have the SHE. The second part is called minimum components. It is a series of questions designed to describe various actions the facility should have taken in the prevention or treatment of problems. All questions are answered either yes or no. A no answer signifies that steps in care provision were not taken when they should have been. The number of residents with no answers to minimum components questions is totalled for each facility and this total is compared to statewide norms. Facilities exceeding the norm fail the Stage II review and have the results of the SHE review given to the State survey team.

SHEs are specifically related to portions of the full survey document. Results of the SHE review can trigger an in-depth review of certain care areas by the full survey team or can be used as evidence of deficiencies.

3.0 COMPARING QUALITY MEASURES

The three state systems/demonstration projects discussed above used various assessment instruments and survey methods to achieve their goals and objectives. Besides differences in instruments and methodologies, it should be noted that the three survey processes were developed with slightly differing objectives in mind. While improving the quality of care provided in nursing homes was the primary objective of all three systems, secondary objectives varied. In Illinois, education of long-term care providers as to what constitutes excellent care is a major goal of QUIP. In Wisconsin and New York, increasing the cost effectiveness of the survey system, reallocating survey resource time from good to poor homes, and increasing the surveys use of actual outcome measures were important objectives.

Given the difference in system objectives, it is inevitable that the key indicators of quality would be somewhat different as well. This must be kept in mind when comparing the three systems quality measures. To facilitate comparison of the information gathered by the three system, indicators of quality have been divided into eight categories. The categories include physical plant, quality of life, indirect patient care, custodial services, skilled nursing services, therapies, social services/activities, and staff/management. Exhibit 3-1 provides an item-by-item comparison of the components within each of the eight the quality indicator categories. For a more detailed explanation of the components, see Appendix A. Below each category of quality indicators is discussed in turn.

3.1 Physical Plant

Quality indicators that describe a facility's structure, appearance, and overall environment are included in this category. Both Illinois and Wisconsin collect this type of information. (New York also collects information of this type, but is is separate from

EXHIBIT 3-1: COMPARISON OF QUALITY OF CARE INDICATORS

Physical Plant

Indicators	Components of Indicators		
	Illinois	New York	Wisconsin
Exterior	General condition, maintenance, attractiveness, availability of of space and equipment for outdoor activities.	-	Outside maintenance, accessibility of parking and entry ways.
General Interior	Cleanliness, maintenance, and freshness of air.	-	Air temperature, condition of building equipment (boilers, fans, elevators), adequacy and pleasantness of the interior's condition, and accessibility of toilets and telephones.
Congregate Areas of the Interior	Architechtural barriers, arrangement and location of furniture, private meeting space, items to stimulate residents (fish bowls, plants) and attractive physical decor.	-	Adequate activity space
Stimulation and Communication Aids	Appropriateness and accessibility of magazines, radios and newspapers, adaptive reading and communication aids, use of colors and textures, placement of clocks, calendars, activity schedules and menus.	-	-
Toilet Rooms Used by Residents	Condition of fixtures and rooms, bars and elevated toilet seats, cleanliness of air and attractiveness of room.	-	-

Indicators	Components of Indicators		
	Illinois	New York	Wisconsin
Interior of Resident Rooms	Personal belongings, attractiveness of rooms, air quality, use of space and condition of linens.	-	Appropriateness of room assignments.
Recreation Areas	Condition, size of areas, and availability of call bells.		Adequacy of available space.
Facility Safety	Exits marked and accessible, inspected fire exitinguishers, functioning fire alarm system, staff emergency preparedness and facility room temperatures.		Staff emergency preparedness, maintenance of fire safety system, storage of hazardous substances.

Indicators	Components of Indicators		
	Illinois	New York	Wisconsin
Level of Resident Participation	Percent of residents who could be involved in meaningful activity but are not.	-	Resident council run by residents and between resident communication
Quality of Resident Involvement	Incorporation of activities into care plan, establishment of resident interest and need, review of response to activities and choice of activities provided.	-	-
Quality of Community and Family Participation	Diversity of programs, resident choice, appropriateness and innovativeness, maintenance of community relations, mix of inside/outside and physically active/passive activities.	-	Variety of indoor/outdoor activities, resident condition matched to activities, active volunteers, attempts to involve family and ties to home churches maintained.
	QUIP Intensive Intervention Program*		
Dining Areas and Meals	Cleanliness of tableware, floors and tables, space for wheelchairs, presence of appetizing aromas, conducive to socializing. Food temperature, residents eat most of the meal, assistance for those who need it, residents are dressed appropriately and groomed.	Several components on the dining area, nutrition supervision and the meal service. See Appendix A.	Appearance and taste of food, food consistency and temperature ample portions and seconds, nutritional, dining room is clean and non-regimented, adequacy of kitchen storage of food and sanitation.

*Part of QUIP; review is limited to those facilities that elect to participate in that QUIP component.

Indicators	Components of Indicators		
	Illinois	New York	Wisconsin
Resident Satisfaction	Residents asked about their feelings toward their physical safety, cleanliness of the home, food, nursing care, respect and consideration from staff, making choices, assistance in remaining independent, relationships with others, and privacy.	-	RN interviews residents concerning their feelings and satisfaction with the treatment they receive.
Resident Goals	Goals identified on care plan scored as not being met, moved toward but not met and met or exceeded.	-	-
Overall Condition of Residents	-	-	Residents' personal appearance, mood, awareness, overall physical condition and use of safety devices.
Level of Participation of Community and Family	The number and type of contact hours with family, volunteers, group presentations and time spent outside the facility.	-	-
Philosophy/ General Impressions	Summary of IOC forms with total number of functional and service needs not met and general comments on facility general services such as housekeeing, laundry, etc.	-	Surveys give general impressions of facility environment, resident care, resident influence, residents strengths and abilities, importance of the community and visiting, and management objectives.
Resident Rights	Treatment of residents need for privacy.	Interview of residents to discuss the extent to which the facility safeguards residents' rights.	Respect of residents rights.

Indirect Patient Care

Indicators	Components of Indicators: Illinois	New York	Wisconsin
Plan of Care	Plan of care is up to date.	-	Appropriate goals and encompasses total needs of resident.
Physician Certification/ Recertification	Resident is physician certified at time of admission and recertified according to the specified time frame.	-	-
Physician's Notes/Visits	Progress notes updated within last 60 days	-	Chart reflects concerned M.D. involvement, progress notes are appropriate.
Physician's Medication Review	Physician reviewed medication within the last 30 days for SNF and 90 days for ICF residents.		Physician reviewer checks documented need for medications and their appropriateness.
Charts	-	-	Charts contain complete history, physical exam, diagnosis, most current hospital history, physical exam discharge summary.
Orientation Program	-	-	Orientation program for residents upon admission.

Indicators	Components of Indicators: Illinois	New York	Wisconsin
Discharge Planning	Discharge plan followed for those discharged to less restrictive environments. Intensive Intervention Program*	Discharge transfer SHE present if residents transferred within facility to same level of care or discharged and returned to same level of care during preceding 6 months. Reviews attempts to prepare patient/family for move, physician evaluation before decision to move resident, and, for those transferred more than once, were the moves for a good reason.	Individualized discharge planning and handling of problem residents.
Care Management	-	-	Residents involved in own care, record systems meaningful, drug system appropriate, restorative care, rehabilitation concepts utilized, staff role in planning and evaluating care.

*Part of QUIP; review is limited to those facilities that elect to participate in that QUIP component.

Custodial Services

Indicators	Components of Indicators: Illinois	New York	Wisconsin
Passive Range of Motion (Contractures)	Determine resident care need and whether need is met (plan is carried out, resident is free of contractures or development is recorded and plan changed) or not met. Intensive Intervention Program*	Preventive measures were taken prior to development, explanations made to patients who refuse treatment, and evaluation by therapist.	-
Bathing/Grooming	Determine level of care need and whether need is met (grooming supplies are available and residents' appearance is clean) or not met.	Poor personal care, unclean clothing and assistive devices, or unclean immediate environment of patient is evidence of this SHE. Stage II review checks assistance with personal care and availability of grooming supplies and clean clothing.	Checks residents for groomed appearance and noticeable body odor.
Eating	Determine appropriate level of assistance and whether needs are met (meals fulfill daily nutritional requirements, receives diets as ordered, adaptive devices available, fluids available between meals).	-	-
Tube Feeding	Observe tube feed residents and determine whether their need is met (facility follows its own tube feeding protocol).	Physician's order for tube feeding specifying type, amount, strength, time and method, proper technique being utilized.	-

*Part of QUIP; review is limited to those facilities that elect to participate in that QUIP component.

	Components of Indicators		
Indicators	Illinois	New York	Wisconsin
Mobility	Determine resident level of need and whether it is met (those who are restrained are released every two hours, for at least 3 minutes and ambulated, repositioned).	Footwear safe for walking, assistive device clean and in good repair, staff assistance available, residents removed for exercise every 2 hours, and monthly review of use of restraints.	-
Clothing	Determine functional ability and whether resident need is met (resident has sufficient and clean clothing, underwear, shoes; dressed appropriately for time of day, sufficient storage space, and resident is wearing the clothing provided).	-	Clothing is clean and appropriate.
Continence	Determine functional abilities of resident and if needs are met (facility follows its own protocol for a bowel and bladder training program).	-	-
	Intensive Intervention Program*		
Psycho/Social/ Mental Status	Observe counseling and determine whether residents' needs are met (residents are meeting program goals).	-	-
Appliances	Determine if resident's needs are met (appliance is functional, fits properly, and clean).	-	-

*Part of QUIP; review is limited to those facilities that elect to participate in that QUIP component.

	Components of Indicators		
Indicators	Illinois	New York	Wisconsin
Medications/Medication Monitoring	Check for physician orders, medical record, nurse signature; proper hydration; timeliness.	No Stage I review. Sample: monitoring of medication regimen; guidelines for evaluation.	Evaluates charts to check quality and compliance.
Ostomy Care	Observe care; review treatment plan; implementation of protocol; observe site	-	-
Suctioning	Observes treatment; facility following protocol/written procedures.	-	-
Tracheostomy Care	Observe treatment; facility following protocol/written procedures.	-	-

Therapies

Indicators	Components of Indicators: Illinois	New York	Wisconsin
Occupational Therapy	Observe therapist; observe therapy aides; determine if plan being carried out, resident meeting goals, resident attending sessions	-	Evaluate whether appropriate therapies provided.
Physical Therapy	Observe therapist; observe therapy aides; plan carried out as specified, resident meeting goals, resident attending sessions.	-	Evaluate whether appropriate therapies provided.
Respiratory Therapy	Observe therapy; facility follows own protocol/written procedures	-	Evaluate whether appropriate therapies provided.
Speech-Language Pathology/Audiology Rehab Services	Observes treatment; plan carried out as specified, resident meeting goals.	-	Evaluate whether appropriate therapies provided.

Social Services/Activities

	Components of Indicators		
Indicators	Illinois	New York	Wisconsin
Social Service Assessment	Resident has initial social history and service assessment; existing needs identified in care plan.	-	-
Adequate Social Services	Checks to see if social service needs are met.	-	Evaluates facility's efforts vis a vis activities, social services, discharge planning. Observes resident.
Behavioral Problems	Intensive Intervention Program, observer looks for thorough assessment, plan of care, monitoring of progress, use of drugs, review of restraints.*	Stage I--check for evidence of behavioral problems. Stage II--assess use of alternatives to drugs and drug side effects.	-
Adequate Activities	Resident has current activity plan of care.	Stage II--sample of residents--diversification of activities, meaningful choice of recreational activities and stimulation.	

*Part of QUIP; review is limited to those facilities that elect to participate in that QUIP component.

Staff/Management

Indicators	Components of Indicators		
	Illinois	New York	Wisconsin
Staff	Intensive Intervention Program--Evaluate advanced nurse aide training program.*	-	Evaluate sufficiency of staff, appropriateness of training and qualifications, in-service education program, staff morale and appearance, staff-patient communication.
Professional Ties	-	-	Involvement of physicians and medical director, relationship with outside providers of ancillary services.
Management	-	-	Awareness of resident population needs; staff training and evaluation, focus of policies, financial management, resource allocation, support of professionals and committees.

*Part of QUIP; review is limited to those facilities that elect to participate in that QUIP component.

Social Services/Activities

Indicators	Components of Indicators: Illinois	New York	Wisconsin
Social Service Assessment	Resident has initial social history and service assessment; existing needs identified in care plan.	-	-
Adequate Social Services	Checks to see if social service needs are met.	-	Evaluates facility's efforts vis a vis activities, social services, discharge planning. Observes resident.
Behavioral Problems	Intensive Intervention Program, observer looks for thorough assessment, plan of care, monitoring of progress, use of drugs, review of restraints.*	Stage I--check for evidence of behavioral problems. Stage II--assess use of alternatives to drugs and drug side effects.	-
Adequate Activities	Resident has current activity plan of care.	Stage II--sample of residents--diversification of activities, meaningful choice of recreational activities and stimulation.	

*Part of QUIP; review is limited to those facilities that elect to participate in that QUIP component.

Staff/Management

Indicators	Components of Indicators: Illinois	New York	Wisconsin
Staff	Intensive Intervention Program--Evaluate advanced nurse aide training program.*	-	Evaluate sufficiency of staff, appropriateness of training and qualifications, in-service education program, staff morale and appearance, staff-patient communication.
Professional Ties	-	-	Involvement of physicians and medical director, relationship with outside providers of ancillary services.
Management	-	-	Awareness of resident population needs; staff training and evaluation, focus of policies, financial management, resource allocation, support of professionals and committees.

*Part of QUIP; review is limited to those facilities that elect to participate in that QUIP component.

the SHE survey process discussed here.) In Illinois the QUIP Assessment Form gathers data on the facility structure and environment and that is where most of the information on quality indicators comes from. In Wisconsin, the information comes from the Facility Assessment Form. A look at the listing in Appendix A shows that this category is covered by eight indicators which include a facility's exterior, general interior, congregate areas of the interior, stimulation and communication aids, toilet rooms used by residents, interior of resident rooms, recreation areas, and facility safety.

The components of these indicators are invariably structure measures. While easy to measure and objective in nature, this type of measure is not generally considered to be the most appropriate when assessing quality of care. These measures provide information on how well a facility complys with many state and federal regulations, and therefore reveal more about a facility's capacity to provide quality are than about how well or even whether the capacity is actually being used.

An ideal system of quality measurement might want to go lightly on this type of measurement, quickly noting facility cleanliness and maintenance, allowing more resources to concentrate on the more telling quality measures of patient outcomes. For this category of quality indicators, the Illinois QUIP program gathers more information than the Wisconsin QAP Facility assessment. While both collect information on about the same number of indicators, Illinois indicators usually had more components than Wisconsin's. Although a shorter assessment, Wisconsin was still sufficiently able to reveal any quality or compliance problems in nursing homes.

3.2 Quality of Life

Measurement of quality of life considerations can be found in all three state systems. Ten indicators are included in this category. They are level of resident participation, quality of resident involvement, quality of community and family participation,

dining area and meals, resident satisfaction, resident goals, overall condition of residents, philosophy/general impressions, and residents' rights.

Illinois again collects more information then the other two systems, most of which comes from the QUIP Assessment Form. In Wisconsin, information on indicators included in this category come from both the facility and resident assessment, while in New York, information is gathered using two special forms completed during the survey process - the Meal Observation Worksheet and the Residents' Rights Interview.

Most of these indicators are measured using structure and process measures. The resident satisfaction and resident goals indicators, however, use outcome measures. Illinois provides a good assessment of quality using these indicators. For resident satisfaction, inspectors ask residents several questions and the answers are scored from 0 to 4, representing very dissatisfied and extremely satisfied respectively. Provided these interviews are held in private and residents feel free to express their true feelings, this measure collected over time can use increases in the number of satisfied residents to reflect improvements in the quality of care received by residents.

The same can be said of the resident goals indicator. Inspectors score this indicator as 0, 1 or 2, representing established goals not met, movement made toward goals but goals were not met and goal is met or exceeded, respectively. An increasing score over time would indicate more resident goals are being met, suggesting the quality of care and the resident's quality of life improved. The validity of this quality measure would presuppose that the difficulty of goal achievement remained at a constant level over time, i.e., that the amount of effort required for goal achievement did not fluctuate greatly.

Dining areas and meals are quality indicators evaluated by all three systems. New York conducts the most thorough review of this

category. Their review starts by recording such statistics as the number of residents in the dining room during mealtime, the number eating in their own rooms/other areas, the number needing continual assistance, the number being totally fed by hand, the number of staff assisting with feeding, and the number of volunteers assisting with feeding. Four areas receive close observation--structure components of the dining area, nutrition supervision, meal services and a nutritional review of individuals. (See Appendix A for detailed components.)

The amount of attention focused on this particular indicator suggests surveying agencies are aware of the importance of meals to residents not only from a health and nutrition standpoint, but also because of its quality of life and resident satisfaction considerations. Illinois' QUIP Assessment Form and the eating component of the IOC process provide information which covers both of these considerations.

For this category, structure, process and outcome measures define quality. In Illinois, most of the quality of life measures come from the QUIP Assessment Form which is not completed for every facility; participation in the QUIP program is voluntary and facilities are only evaluated in the program areas they choose. A quality measurement system for all Illinois nursing homes would have to gather QUIP information from non-QUIP participating homes.

One QUIP intensive intervention program is included in the quality of life category -- the community integration program. In this QUIP category, as well as the other intensive intervention program categories, inspectors check a set of guidelines which for the most part only establishes the fact that the program exists, (a process measure); they do not involve evaluating the effectiveness of the program itself (an outcome measure). For instance, in the community integration program one of the guidelines states that facilities must actively encourage the involvement of outside resources such as community groups and volunteers, a process the staff performs. Else-

where in the QUIP assessment, evaluation of the quality indicator level of participation of community and family has inspectors record the number and type of contact hours between outside resources and residents, an outcome measure which describes the effectiveness of this particular part of the intensive intervention program. If the program is truly effective, the outcome measure will show increased contact hours. Linking process measures to outcome measures in this manner ensures that not only is the process being carried out, but that it is being carried out with success.

3.3 Indirect Patient Care

The indirect patient care category contains indicators which deal mainly with care documentation. Eight indicators are included in this category. They are plan of care, physician certification/recertification, physician's notes visits, physician's medication review, charts, orientation program, discharge planning, and overall care management.

The first four of these eight indicators are evaluated in Illinois as checks on whether the documentation is up to date. For example, for the plan of care indicator, the reviewer only checks to see if the plan of care is updated by staff at the specified time intervals (every 60 days for SNF residents and 90 days for ICF residents). In contrast, Wisconsin reviewers check whether the plan of care has appropriate goals and encompasses all resident needs rather than medical needs only. A thorough evaluation might combine the two above, ensuring that the resident's plan of care is up-to-date, appropriate and complete. At best, though, this is still a structure measure, as are most of the indicators in this category, revealing that a plan of care (good or bad) exists but not telling if the plan of care was actually followed as prescribed or that the process of care giving resulted in any beneficial resident outcome.

Orientation and discharge planning also are part of this indirect patient care category. Wisconsin is the only system which

uses existence of an orientation program for newly admitted residents as a quality indicator. An orientation program may help new residents feel more at ease, increasing their satisfaction with the nursing home. Discharge planning is evaluated by all three state systems. Many of the components of this indicator investigate whether a process for discharge planning exists and whether the process is performed. In the Illinois discharge planning intensive intervention program, however, there are two guidelines which could be used to evaluate the outcomes associated with discharge planning. One is that the facility sets goals for discharge or transfer and then documents the progress or lack of progress the facility makes toward the goals. The second is that the facility must have a plan for following up residents after discharge or transfer to evaluate the success of placement. The number of residents successfully discharged to a less restrictive environment could be recorded as a quality outcome measure when this intensive intervention program is in operation. However, since the QUIP program is not administered in every Illinois nursing home, this measure is limited to those which do operate under the program.

3.4 Custodial Services

Custodial services include the following basic nursing tasks: passive range of motion (contracture treatment and prevention), bathing/grooming, eating assistance/tube feeding, mobility assistance, clothing, continence, psycho/social/mental status, appliances, weight change prevention, restorative nursing, and accident prevention. Five of New York's eleven SHEs are included in this category--contractures, grooming, tube feeding, weight change (dropped from list of SHEs in 1986) and accidents. Also four of Illinois' intensive intervention programs--the bowel and bladder program, the accidents monitoring and evaluation program, the contracture prevention and treatment program, and the restorative nursing program-are included.

Nine of the twelve indicators in this category are evaluated during a resident's inspection of care review. For these indicators inspectors use an established set of criteria to determine residents' care needs and whether those care needs are met. This is done for every Medical Assistance nursing home resident in Illinois. In both Wisconsin and New York, resident reviews were completed for only a sample of each home's population. Sampling proved cost-effective and adequate in isolating areas of problem care within facilities. The Institute of Medicine recommends resident sampling with case mix referencing as a way to reduce costs and reallocate surveying agency resources.

The need met and need not met criteria of Illinois' IOC process consists of both process and outcome measures. For instance, the passive range of motion need met criteria includes "plan is being carried out" (a process measure) and "resident is free of contractures" (an outcome measure). Outcome measures such as this can be very valuable in measuring the quality of care. However, with process and outcome measures mixed within the need met criteria, the percentage of residents whose need is met is more a process than outcome measure. Need is considered met not only if the resident is free of contractures, but also if the resident has developed contractures, staff has recorded the development and changed the resident's treatment plan accordingly. An outcome measure would note how many residents at high risk for developing contractures remained free of contractures. Such a measure would indicate that a preventive treatment plan existed (a structure measure) and was carried out (a process measure) with effective results. It is this type of measure which the New York SHE program was designed to focus on and the Institute of Medicine report recommends as key indicators of quality.

3.5 Skilled Nursing Care

The skilled nursing care category consists of ten nursing services which are often performed by licensed personnel. The services include catheterization, decubitus care, wound care, injections, IVs and clysis, labortary-specimen service, medications/medication monitoring, ostomy care, sunctioning and tracheostomy care.

All of these services are examined in the Illinois IOC process. As part of the IOC process, they are noted for every Medical Assistance resident in Illinois nursing homes. Much of this information is not gathered in the shorter Wisconsin and New York resident assessments. The four indicators included in the skilled nursing care category which are addressed in the Wisconsin or New York (or both) surveys--catheterization, decubitus care, laboratory/specimen service, and medications--are, like custodial services, only examined for a sample of nursing home residents.

Much of the information gathered for this category of care deals with process measures. There are a few indicators, however, where outcome measures would be more informative. The decubitus care indicator is one of these. As part of Illinois' QUIP, the intensive skin care program is evaluated in those facilities which choose to have such a program. The evaluation guidelines for the program provide more in the way of outcome measures than does the IOC review which is performed in all nursing homes. For the intensive skin care program, the facility must set a goal for the number of decubiti in the facility and record progress toward achieving that goal. The recorded progress is a good outcome measure. Another good outcome measure for the decubitus care indicator is the number of high risk residents without decubiti. This piece of information is not gathered by the Illinois survey process.

Medications is an important indicator of quality care and is reviewed by all three state survey processes. The Illinois' medication review is part of the IOC process and focuses on the

procedures followed in the administration of medications to residents rather than the appropriateness of the medications prescribed. As one of New York's SHEs, medications are reviewed not only for use of the proper technique in the administration of medications as prescribed, but also for the presence of drug therapy problems or abuse. The reviewer is provided with a list of situations whose presence may indicate that the appropriate monitoring and evaluation of a resident's drug therapy is not occurring. Examples are "patients taking 3 or more laxatives concurrently" and "the continuous use of hyprotic drugs for more than 30 days." (See Appendix A for the complete list.) Reviewing the appropriateness of medications prescribed may increase the effectiveness of the Illinois survey process and the quality of care in Illinois nursing homes.

3.6 Therapies

Four types of therapy and rehabilitative services are included in this category--occupational, physical, respiratory, and speech and audiology. As with most custodial and skilled nursing care, these therapies are reviewed during the IOC review in Illinois. The need met criteria in this category can be used as outcome measures. For residents' need to be met, the resident must be meeting his/her goals. The percentage of residents whose therapy needs are met (i.e., the percentage meeting therapy goals) is an informative and appropriate outcome measure. A high percentage of residents meeting their goals would indicate that the facility had the capacity and personnel available to perform therapy (a structure measure) and that the therapy is being provided (a process measure). However, it is important to note that the therapy plan and goals must be appropriate to the individual resident and designed to increase the resident's functional capabilities.

3.7 Social Services/Activities

This category of quality care indicators is not really emphasized in any of the three state systems. It includes reviews of social services, activities, and treatment of behavioral problems. In Illinois, reviewers check to see that residents' initial social history and service assessment are in the residents' care plans, that social service needs are met, and that a current activity plan of care exists and is appropriate. Each indicator checked is scored with a yes or no.

Resident activities is probably the most important indicator in this category and Illinois might want to place more emphasis on this indicator. In New York, activities is one of the eleven SHEs. To evaluate this SHE, reviewers interview residents and observe activities to determine whether residents have an opportunity to exercise choice in the activities they participate in and whether residents' activities plans are tailored to reflect their interests. The IOM report includes activities and social participation as one of its recommended key indicators of quality. The report notes that residents perceive the quality of nursing home care to be higher if the home offers a variety of activities and if they are allowed a choice among activities. Also the availability of individualized activities and activities both inside and outside the nursing home help to reduce social isolation and improve mental and physical status.

3.8 Staff/Management

The staff/management category of quality indicators contains reviews of staff qualifications, management priorities, and nursing home ties to professional personnel who provide services in the facility. All of these indicators are used in the Wisconsin facility assessment. The Illinois intensive intervention program, advanced nurse aide training, is included under the staff indicator.

For the most part, the components of these indicators are either structure or process measures. As such, they may help reviewers to evaluate a facility's capacity to provide good quality care but do little towards measuring the actual quality of care provided in a nursing home. Illinois does not make much use of this type of indicator in its survey process and there would most likely be little benefit from doing so.

4.0 CONCLUSIONS AND RECOMMENDATIONS

Measuring the quality of the care provided to nursing home residents is a major responsibility of States. Most handle this responsibility through the annual licensing and certification reviews and the 30- and 60-day continued stay reviews. The licensing and certification reviews typically concentrate on a facility's compliance with conditions of participation for skilled and intermediate care facilities. The focus is mainly on structural measures of quality -- physical plant, number and type of staff, availability of activities, etc. The individual patient reviews generally focus on the appropriateness of a continued nursing home stay, and do not delve into the quality of the care received during that stay.

Quality of care is not an easy concept to define, much less measure. Our review of the literature on quality of care indicators[1] found very few state-initiated programs which attempt to measure quality of nursing home care beyond what is required by HCFA. Other than Illinois, only Wisconsin and New York appeared to have implemented systems which attempted to measure quality using an innovative approach.

Quality measures are typically categorized into structure, process and outcome measures. Structure measures can be described as the tools and conditions that should be present for a facility to have the capacity to provide quality care; process measures look at the procedures, activities and services used in the provision of care. Outcome measures directly relate to a patient's health status and can reflect functional ability and medical condition.

The Institute of Medicine recommended to HCFA a new annual survey process. This two-stage resident-centered review would have state reviewers first administer a short, outcome-oriented, standard

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[1]"Indicators of Quality Care: Technical Memorandum," Gabay, Mary and Margot Cella. Prepared for Bureau of Long Term Care, Illinois Department of Public Aid, June 4, 1987.

survey, followed by an extended survey (for facilities revealed to have problem areas) which would attempt to ascertain the cause of poor resident outcomes, determining the extent to which structure and process characteristics are responsible. The intent of a new survey process is to compel surveyors to scrutinize the actual care being provided and its effect on residents, at the same time de-emphasizing review of records, forms and written procedures, and the structural capacity of a facility to provide quality care.

The Illinois QUIP and IOC reviews provide a very comprehensive reading of the quality of nursing home care. These two surveys provide more information and often get at more important aspects of a quality indicator than do the surveys used in Wisconsin and New York. The matrices presented in Chapter 3 of this report (and the full comparison of quality measures included as Appendix A of this report) demonstrate this fact. Every data item from each state's survey(s) have been presented. There are very few quality indicators not covered in Illinois through either the QUIP or IOC.

Data from the IOC reviews comprise the majority of the quality indicators in the indirect patient care, custodial services, skilled nursing services, therapies, and social services/activities categories. The IOC reviews look not only at what services the resident needs, but addresses the issue of whether or not, in the reviewer's judgment, that need is being met. A set of guidelines have been established to assist the reviewer in making these judgments. In and of themselves, the IOCs provide a good indication of quality. The IOCs can be analyzed much the same way as the Stage I reviews in New York and the recommended first stage review of the IOM survey process. From the data collected, it would be possible to measure the proportion of residents with certain conditions (e.g., decubitus ulcers, catheters, tube feeders), and ascertain which facilities are above a norm (for example, as in New York, above a statewide average). It is also possible to analyze the proportion of residents

to participate in the program. By expanding QUIP to all facilities the Department could develop a more complete indication of quality of nursing home care in the state.

APPENDIX A

Quality Indicators Used in Three
State Systems/Demonstrations

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APPENDIX A

Quality Indicators Used in Three
State Systems/Demonstrations

APPENDIX A

Quality Indicators Used in Three State System/Demonstration

Physical Plant

Exterior

Illinois - Inspectors look at the general condition, maintenance, attractiveness, and availability of furnishings and landscaped area for outdoor activities (as appropriate to resident capabilities and neighborhood).

Inspectors score features 6, 3, or 0.

Wisconsin - Surveyors note whether the outside maintenance of the facility is adequate, and whether parking and the entry way is accessible.

Surveyors mark items as O.K. if no problems are found.
If there are problems, the surveyor notes them in the "comments" section of the facility assessment. N/O is marked for those items not observed.

General Interior

Illinois - Inspector survey the interior's cleanliness and maintenance, and the air as you enter the facility.

Items are scored 6, 3, or 0.

Wisconsin - Surveyors note the air temperature within the facility, the condition of building equipment such as boilers, fans and elevators, whether the condition of the interior is adequate and pleasant, toilets and telephones are easily accessible, fire safety systems are maintained, and whether new construction or remodeling is affecting care.

Items marked O.K. unless problems are found which are recorded as comments.

Congregate Areas of the Interior

Illinois - Inspectors look to see if homes are free of architectural barriers, if the arrangement and location of furniture allows residents to move about easily, if the furniture is grouped for eye contact or as the residents want it, if there is space allocated for residents and their families to meet in private, if there are items in the facility to stimulate the residents (fish bowls, plants etc.), if the design of the furniture and adaptive equipment provides

proper support for residents, and if the physical decor is attractive.

Each item is scored with a 6, 3 or 0.

Wisconsin - Surveyors note whether facility activity space is adequate.

Item labeled OK; any problems are recorded as comments on the assessment sheet.

Stimulation and Communication Aids

Illinois - Inspectors look at the appropriateness and accessibility of magazines, radios and newspapers, the availability of adaptive reading and communication aids and equipment, the appropriateness of the use of colors and textures, and the placement of easily readable clocks, calendars, activity schedules and menus throughout the facility.

Items are scored with a 6, 3 or 0.

Toilet Rooms Used by Residents

Illinois - Inspectors respond to four questions on resident toilet rooms. They concern whether the fixtures and room are clean and in good repair, whether there are bars, elevated toilet seats etc., whether the air is clear and fresh, and whether the bathroom is colorful and attractive.

A yes answer scores 2 points, a no answer 0 points. Points are added together from all rooms inspected (at least four), divided by the number of rooms

inspected and multiplied by three. 24 is the maximum.

Interior of Resident Rooms

Illinois - Inspectors respond to five questions on the residents' rooms. These questions concern the presence or absence of residents' personal belongings, whether the rooms are colorful and attractive, whether the air in the room is as fresh and clean as it can be, whether the space is utilized to promote easy mobility and whether the mattresses, pillows and linens are in good condition.

A yes answer scores 2 points; a no answer 0 points. Points are added together from all rooms inspected, divided by the number of rooms and multiplied by 3. 30 is the maximum score.

Wisconsin - Surveyors check to see if resident room assignments are appropriate.

Recreation Areas

Illinois - Inspected note if areas and furnishing are available for large group activities, if there are mechanisms to reach nursing staff in all activity areas and if equipment is available and in use and furniture is clear and in good repair.

Scored 6, 3 or 0.

Wisconsin - Surveyors note whether there is adequate activity space.

Facility Safety

Illinois - On the Inspection of Care Summary form reviewers note whether exits are marked and accessible to residents, fire extinguishers have been inspected for proper functioning, there is a functioning fire alarm system in the facility, fire and disaster plans are reviewed and rehearsed by staff, and the facility's room temperatures are adjusted and controlled to maintain residents' safety and comfort.

Wisconsin - Surveyors check emergency preparedness of staff, the maintenance of the fire safety system, and whether combustible liquids, poisons and other hazards are properly stored.

Quality of Life

Level of Resident Participation

Illinois - Inspectors walk through the facility and list the residents who are not engaged in meaningful activity. They review the care plans for those listed to see if they would not be expected to engage in meaningful activity.

Scored as the percent of residents who could be engaged in meaningful activity but are not.

Wisconsin - Surveyors note whether there is a Resident Council and whether it is resident or staff run. They also note between-resident communication and whether staff promotes interactions and voluntary gatherings.

Quality of Resident Involvement

Illinois - Inspectors ask the following five questions for each resident sampled:

1) Did the multidisciplinary team incorporate activities program into residents' care plan in last review?;
2) resident's interests and needs established?,
3) activities program tailored to resident's interests/capabilities?;
4) monthly review of resident's response to activities?;
5) residents given choice in activities in which he/she will participate?

Questions answered yes or no. Residents receive a score indicating percent of questions answered yes.

Quality of Community and Family Participation

Illinois - Inspectors review documentation on diversity of programs, resident choice of programs, appropriateness of activities, innovativeness, appropriateness of activities to special populations, maintenance of normal relationship with community, appropriate mix of activities (inside and outside the facility) and appropriate mix of physically active and passive involvement activities.

Each item scored 6, 3 or 0.

Wisconsin - Surveyors note whether there are a variety of indoor as well as outdoor activities, whether residents' lifestyles and conditions are matched to activities, whether there are ties to the community, active trained volunteers, aggressive attempts to involve families and whether ties to home churches are maintained and residents attend services.

Illinois - QUIP Intensive Intervention Programs

Inspectors check the five following guidelines in evaluating a community intervention program:

1) Facility discusses resident issues with family members;
2) Facility actively encourages involvement of outside resources (community groups and volunteers);
3) An active resident council is encouraged by the facility;
4) Each resident's care includes an assessment of the appropriateness and availability of community resources to meet his/her needs; and
5) Facility provides transportation and staff support that encourages integration of residents into community activities.

Dining Areas and Meals

Illinois - Inspectors observe residents in the dining room and note whether the tableware is attractive and clean, floors and tables are clean, there is adequate space for wheelchairs, a presence of appetizing aromas, windows and furniture are clean and attractive, and whether the table arrangements are conducive to socialization and the dining area is inviting. Inspectors also check food temperature, whether most residents eat most of the food, residents who need assistance receive it, utensils and other dinner things promote resident independence, ambulatory residents are dressed in daywear, residents are groomed at mealtime and are groomed after each meal.

Items are scored 6, 3 or 0.

Wisconsin - Surveyors observe whether the appearance and taste of food is pleasant and appetizing, the appropriateness

of food consistency and temperature, whether food portions are ample and seconds and substitutes are available, whether menus are nutritionally adequate, dining is clean and non-regimented, the appropriateness of storage, handling and preparation of food, and the adequacy of sanitation and maintenance of kitchen equipment.

Items are marked OK, or not observed. Also any comments (problems) on the items are written down on the form.

New York - Surveyors in New York fill out a form entitled the Meal Observation Worksheet. They start by recording such statistics as the number of residents in the dining room, number eating in own rooms/other areas, number needing continual assistance, number being totally fed by hand, number of staff assisting with feeding and the number of volunteers assisting with feeding. Four areas are given close observation. They are:

1) Dinning Area

Is the dining area adequate in size, appropriately furnished, clean, orderly, attractive and comfortable? Adequate in size refers to the room's ability to accommodate all residents willing and able to eat there, and its restriction of movement and room for wheelchairs. Adequate furnishings refer to sturdy tables, chairs and tray stands, tables which accommodate wheelchairs, suction machine available and for residents who are bed fast, bed adjustable and overbed tables available and functional.

2) Nutrition Supervision

- residents prepared for meals (properly positioned, clothing protected, dentures/eyeglasses in place);
- residents adequately assisted (self-help devices available, tray prepared so that food is cut and containers are opened; assistance is prompt, residents are encouraged to eat, and proper techniques in feeding residents are utilized);
- meal supervised by staff (intake deviations reported to the appropriate person for evaluation, licensed staff available to assure that residents receive assistance and residents who

eat in their rooms are monitored to see that the meal is eaten);
- residents treated with respect (assistance is courteous and unhurried, resident preferences are determined).

3) Meal Service

- trays identified correctly
- food identity retained (puree dishes served individually)
- meal looks appetizing
- portion adjusted to appetite
- food consistency appropriate
- substitutes available/given
- condiments readily available
- regard for culture/food habit
- food at acceptable temperature
- food safety sanitation observed

4. Nutritional Review on Individuals

- meals served as planned
- meals in accordance with MD orders, diet manual and menu
- intake adequately nutritional

Resident Satisfaction

Illinois - Inspectors ask questions of each resident how the resident feels about his physical safety, the cleanliness of home, the food, nursing care, respect and consideration from staff, opportunity to make choices, staff assistance in remaining independent, involvement with friends and activities as before moving to the facility, relationship with others and the need for privacy.

Each item is scored on the following scale:

0	1	2	3	4
very dissatisfied		generally satisfied		extremely satisfied

Scores are totalled over all residents and divided by the maximum score.

Wisconsin - RN surveyor interviews residents about their feeling and satisfaction with the treatment they receive and records comments.

Resident Goals

Illinois - Inspectors score five goals identified on the Care Plan
as 0 = resident does not meet established goal

1 = resident makes some movement toward goal but does not meet it
2 = goal is met or exceeded.

For each resident the points are totalled and a percentage score is found.

Overall Condition of Residents

Wisconsin - Besides the resident's personal appearance, surveyors observe the mood of the residents noting whether they are happy or glum and whether they are open or afraid to talk; resident awareness noting whether residents are alert or drugged and disoriented, the overall physical condition of residents noting whether many residents have decubiti, catheters or geri chains; behavior of residents; and whether appropriate safety devices are used.

Level of Participation of Community and Family

Illinois - Inspectors review documentation for a month and list the number and type of contact hours. Type of contact hours include time with family, volunteer one on one visits, group presentation, resident as volunteer, resident outside facility and other.

Total contact hours in month are calculated.

Philosophy/General Impressions

Illinois - The inspection of care summary form records for each facility the total number of functional and service needs that were not met along with any comments about physician and nursing services. It also presents a summary of facility therapy services; general services such as housekeeping, laundry, maintenance,

dietary, supplies, infection control, and fire and safety; social services; and activities.

Wisconsin - Surveyors give their general impressions of the facility environment (Is it more a home or an institution?); resident care (Are residents' total needs taken care of or only their medical needs?); resident influence (Do residents have input into facility matters and care plans?), residents strengths and abilities (Are they fostered or ignored?); importance of the community (Is the community still part of residents' life?), the importance of visiting (Is visiting emphasized or discouraged?); and objectives (Does management seem more concerned about patient care or profit?).

Resident Rights

Illinois - Inspectors note how the residents' need for privacy is addressed.

Items are scored 6, 3, or 0.

Wisconsin - Surveyors observe whether residents' rights are respected.

Marked O.K. if no problems are found; comments describing any problems encountered; or marked N/O if not observed.

New York - Surveyors interview a sample of residents in private to discuss the extent to which the facility safeguards residents' rights.

Indirect Patient Care

Plan of Care

Illinois - Reviewer checks to see if plan of care is up to date according to the following time frame:

(a) SNF-reviewed at least every 60 days by physician and facility personnel
(b) ICF-reviewed at least every 90 days by facility personnel

Records yes if up to date; no, if not.

Wisconsin - Surveyors check whether the plan of care has appropriate goals and whether it encompasses the total needs of the resident rather than the medical needs only.

Physician Certification/Recertification

Illinois - Reviewer checks to see that resident is physician certified at time of admission and recertified according to the following time frame:

(a) SNF - 30/60/90 days after initial and every 60 days thereafter;
(b) ICF - 60/180 days/12 months/18 months/24 months after initial and every 12 months thereafter;
(c) ICF/DD - every 12 months after initial certification.

Records a yes if the resident has been initially certified and recertified at the proper intervals; records no if not.

Physician's Notes/Visits

Illinois - Reviewer checks to see if progress notes have been updated within the last 60 days.

Records Yes or No.

Wisconsin - Physician reviewer checks to see if chart reflects concerned MD involvement and that progress notes are sufficient in number, include evidence of physically examining resident, show abnormal lab findings have

been evaluated as have abnormal x-ray findings. Also nurse reviewer reviews charts to evaluate MD involvement.

Physician's Medication Review

Illinois - Reviewer checks to see that physician reviewed mediations within the last 30 days for SNF and 90 days for ICF residents.

Records a Yes or No.

Wisconsin - Physician reviewer checks medications to see if there is a documented need for medications, medications are appropriate and are not duplicative.

Charts

Wisconsin - Physician reviewer checks resident's chart to make sure it has recorded a complete history, physical exam, diagnoses, and to see that it is current and informative. Also the reviewer checks whether the resident's most current hospital history and physical exam discharge summary are on the chart.

Orientation Program

Wisconsin - Surveyors check whether there is an orientation program for residents upon admission.

Discharge Planning

Illinois - Reviewers check to see if discharge plan is followed for those residents discharged to a less restrictive environment.

QUIP Intensive Intervention Program

Inspectors check the following six guidelines in evaluating this program:

1) Facility has developed a list of resources available in the community which could provide care and support services for residents upon discharge;

2) Facility has developed protocols or indicators for identifying when a resident may be appropriate for discharge or transfer;

3) Facility has set goals for discharge or transfer and documented progress or lack of progress toward those goals;

4) Facility has formed an independent review committee to monitor discharge efforts.

5) Facility has plan for following up of resident after discharge or transfer to evaluate success of placement; and

6) Facility has developed a process whereby input from individual residents and/or family is routinely obtained regarding discharge or transfer.

Wisconsin - Surveyors check to see if discharge planning is individualized or just pat phrases. Also surveyors observe how problem residents are handled, whether they are kept in the nursing home or discharged quickly.

New York - Stage I surveyors note presence of discharge/transfer SHE given patient was transferred within the facility to the same level of care or discharged and returned to the facility at the same level of care during the 6 months preceding the review visit.

Stage II reviewers answer the following questions:

1) Attempts made to prepare patient and/or family to adjust to the move? (in other than emergency situations);
2) Evaluation performed by physician before the decision to move the patient?;
3) For patients transferred more than once, were the moves for a good reasons? (other than for the convenience of the facility).

Care Management

Wisconsin - Besides checking the plan of care, Wisconsin surveyors observe whether residents are involved in their own care, whether record systems are meaningful and self-helpful, whether the drug system storage and administration is correct and appropriate, whether

the restorative care program is geared to the needs of residents, whether the staff understands and utilizes rehabilitation concepts, whether the staff plays a role in the planning and evaluation of patient care and whether there is evidence of communication among interdisciplinary staff.

Passive Range of Motion (Contractures)

Illinois - Reviewer determines a resident's need and then using the following guidelines determines whether those needs are met.

Need Met:
- Plan is being carried out.
- Resident is free of contractures.
- Resident has developed contractures and the clinical record indicates onset and subsequent change in treatment plan.

Need Not Met:
- Contractures develop and clinical record does not indicate onset and subsequent change in treatment plan.

Need Not Met/Do Not Score:
- The plan as indicated on the Kardex, flowsheet, and/or care plan is not being followed.

QUIP Intensive Intervention Program

Inspectors use the following eight guidelines to evaluate this program:

1) All residents are assessed for presence of or potential for contractures;
2) Facility protocol includes a detailed plan for the prevention and treatment of contractures which is carried out;
3) Individualized resident care plans are present for residents with contractures or at high risk for developing contractures;
4) Residents with contractures are evaluated by a physical therapist who has developed a follow-up plan;
5) Treatment plans are implemented by qualified staff and documented;
6) Progress is monitored regularly and plan is revised;
7) Contraindications for contractures are clearly documented; and
8) Treatment staff receive specialized training by qualified personnel.

New York - State I reviewers observe patients for evidence of contractures on the day of review.

Stage II reviewers answer the following questions:

1) Evidence that preventive measures were taken prior to development of the contractures including repositioning and range of motion?
2) For patients who refuse treatment or preventive measures, is there documentation of explanations made to the patient?
3) Patient evaluated by a physical therapist or occupational therapist for contractures.

Bathing/Grooming

Illinois - Reviewer determines the resident's level of need and uses these guidelines to determine whether the need is met.

Need Met:

Following supplies are available per resident:
- Toothbrush (labeled) and paste.
- Comb (labeled).
- Denture supplies if appropriate.
- Shavers or razors.
- Washcloth and towels.
- Soap.

Facility has available:
- Clippers or scissors for nail care.
- Shampoo.
- Deodorants.

Equipment must be:
- In good repair.
- Clean.
- Used, as evidenced by resident's appearance.

Resident is observed to have:
- Clean, trimmed nails.
- Clean, combed hair.
- An absence of body odor.
- Clean body.
- Oral hygiene completed.

Need Not Met:

Above identified supplies are not available:

Resident appears:
- Dirty or has an odor
- Hair unkept and dirty.
- Oral hygiene is not completed.
- Nails are dirty.

Wisconsin - Surveyors check residents' personal appearance to see if it is groomed or not and whether any odor is noticeable. Also, the RN reviewer records observations of resident's appearance and condition on the resident assessment.

New York - Surveyors observe the patient/resident, assistive devices and immediate environment on the day of the review visit. Poor personal grooming and/or uncleanliness is evidenced by: (a) poor personal care or failure to promote or assist in personal care; (b) inappropriate, unclean or poorly maintained clothing, assistive devices; (c) patient's immediate environment is unclean. [Stage I]

If the SHE is present, Stage II reviewers answer the following questions:

1) Are patients assisted as needed with personal care? (Bathing at regular intervals, regular shampooing, face clean and shaven, teeth regularly brushed, nails clipped, absence of offensive body odor.)
2) Are materials for personal care available and appropriate?
3) Are patient's clothing, shoes, and assistive devices in good repair, clean and available?
4) Patient's immediate environment clean? (cleanliness of bed, chair, wheelchair, bedside stand, etc.)

Eating

Illinois - Reviewers observe 100% of residents to assure staff is providing an appropriate level of assistance. The following guidelines are used to determine whether residents' needs are met.

Need Met:

- Receives meals which fulfill the daily nutritional requirements recommended by the ADA.
- Receives diets as ordered, including snacks.
- Has adaptive devices available if indicated in Kardex and/or flowsheet and/or care plans, i.e., plate guards, built-up spoons and forks and clothing protectors.
- Fluids are offered and/or accessible to residents between meals.

Need Not Met:

- Weight loss is recorded without explanation in the clinical record.
- Meals do not fulfill the nutritional requirements recommended by ADA.
- Diets, including snacks, are not followed. Adaptive devices that, according to the care plan should be used, are not available/used or used inappropriately.
- Fluids are not offered and/or accessible to residents between meals.

Tube Feeding

Reviewers observe all residents receiving tube feeding and use the following guidelines to determine whether their need is met.

Need Met:

- Facility is following its own protocol and/or written procedures for tube feedings.

Need Not Met:

- Facility does not follow its own protocol and/or written procedures for tube feedings.
- Protocols and/or written procedures are not available.

Need Not Met/Do Not Score:

- Level 3 service rendered by non-licensed personnel.

New York - Surveyors check for presence of Nasogastric tube (tube feeding through nasal passage) and gastrostomy (tube inserted through opening into stomach) on day of review.

Stage II reviewers answer the following questions:

1) Is there a physician's order for the tube feeding specifying the type, amount, strength, time and method of tube feeding?
2) Is the proper technique being utilized in administering the tube feeding?

Mobility

Illinois - Reviewer determines residents' level of need and uses the following guidelines to evaluate whether the need is met.

Need Met:
- Residents who are restrained, per physician order, in wheelchair, geri-chair, chair or bed, are released every two hours for at least three minutes and ambulated. Or if physically unable to ambulate, repositioned.

Need Not Met:
- Resident that is restrained is not released every two hours for at least three minutes and ambulated or repositioned.

Need Not Met/Item Not Scored:
- Resident needs assistive device but does not have it.

New York - (Referred to as Walking in original list of SHEs but changed to Mobility.)

Surveyors note the presence of this SHE for patient/resident who walks with intermittent supervision (verbal cueing or assistance with stairs and ramps); patient/resident who walks with constant one-to-one supervision; and wheels with no supervision or may be able to walk but generally does not. Patients with physical impediments that prevent walking are not included. [Stage I]

Stage II reviewers answer the following questions:
1) Is patient's footwear safe for walking?
2) For patient's with devices to aid walking, are devices in good repair/maintenance?
3) Are staff assisting those residents in need to walk/transfer?

4) Is there evidence that restraints are removed periodically for exercise and re-evaluation at least every 2-hours?

5) Does medical record indicate that within the last 6 months there has been a monthly review to determine the continued use of restraints.

Clothing

Illinois - Reviewer observes resident to determine his/her functional ability, and the level of assistance provided. Then the reviewer checks the guidelines to see if the residents need is being met.

Need Met:

When resident has:

- Sufficient clothing appropriate to protect against climate and allow for daily changes.
- Sufficient underwear to allow for daily changes.
- Socks and shoes unless contraindicated on the Kardex and/or care plan.
- Is dressed in daywear during daytime hours. If nightwear is worn during the day, reasons must be documented.
- Has sufficient space to store clothing, i.e. closet and drawers.

When clothing is:

- Clean and odor free.
- In good repair.
- Well-fitting.
- Appropriate for the season.

When resident:

- Is wearing socks and shoes as indicated.
- Is wearing underwear.
- Is wearing clean, well-fitting and appropriate clothing.

Need Not Met:

- When resident does not have clothes available as indicated above.
- When resident is observed they are not dressed with appropriate fitting clothes, underwear, socks and shoes.

Wisconsin - Surveyors check whether residents' clothing is clean and appropriate.

Continence

Illinois - Inspectors observe residents to determine their functional ability and use the following guidelines to determine if their needs are met.

Need Met:

- Facility is following its own protocol and/or written procedures for a bowel and bladder training program.

Need Not Met:

- Facility does not have protocol and/or written procedures for a bowel and bladder training program.

Need Not Met/Do Not Score:

- Resident is allowed to remain wet for prolonged periods of time as demonstrated by skin irritation, dried urine stains in bed linen and clothing.
- Resident not properly cleaned after episode of incontinence as demonstrated by smell of urine/defecation on body and clothing.
- Resident found wet and remained wet after thirty minutes of finding.
- Staff not responsive to resident's request for toileting.

QUIP Intensive Intervention Program

Inspectors use the following guidelines to evaluate a facility's bowel and bladder program.

1) Newly admitted residents are evaluated within 7 days for continued use of a catheter or for B&B training or retraining.
2) There is a physicians order for catheter or B&B (re)training.
3) Acceptable B&B training or retraining procedures are developed and implemented. If no (re)training, reasons are indicated.
4) Documentation exists of resident being toileted every 2 hours.
5) Physician ordered irrigation and/or replacement carried out according to order.
6) Residents with indwelling catheters have been free from urinary tract infection (UTI) in the last 6 months. If not, was patient treated with therapies consistent with culture and sensitivity report? Was his/her response to therapy

monitored? Was the patient's temperature monitored? Was fluid intake and urinary output monitored?

Psycho/Social/Mental Status

Illinois - Inspectors try to observe actual intervention (i.e., group or one-to-one counseling) and use the following guidelines to determine if a resident's needs are met.

Need Met:
- Residents are meeting the program goals established by the QMHP or appropriate staff. If not, this should be indicated by the facility with revisions in the treatment plan or care plan.

Need Not Met:
- Resident is not meeting goal(s) established by QMHP or appropriate staff progress notes or care plan does not indicate staff is addressing.

Need Not Met/Do Not Score:
- Plan is not being carried out.
- Groups are larger than eight.
- Groups meet less than two times a week for Level 1.
- Level 2 groups meet less than three times per week.

Appliances

Illinois - Inspectors observe resident wearing the appliance and look for indications that staff assists with either application and/or cleaning. The following guidelines are used to determine if a resident's needs are met.

Need Met:
- Appliance is functional or if nonfunctional, the clinical record indicates this with date of dysfunction and plans for correction.
- Appliance fits properly.
- Appliance is clean.

Need Not Met:
- Appliance does not fit properly.
- Appliance is grossly dirty.

Need Not Met/Do Not Score Item:

- Resident is in need of appliance and need has not been identified by facility.
- Physician has ordered appliance and facility has not obtained it.
- Appliance is non-functional and clinical record does not indicate date of dysfunction or plans for correction.

Weight Change (SHE until April 1986)

New York - Stage I reviewers note the presence of this SHE if during the 6 months preceding the review a patient has a) shown evidence of a weight gain of 8 or more lbs. or a loss of 5 or more lbs, and/or b) weighed 89 lbs or less.

Stage II reviewers answer the following questions:

1) Patient evaluated to determine the cause of the weight change?
2) Has an individualized plan of care been developed?
3) Care plan being carried out as developed?
4) Evidence of evaluation of plan and revision of need?
5) Are patient's food and fluid intake encouraged and observed.
6) Are between meal and bedtime feedings consumed?
7) Are assistance in eating, adaptive eating devices being provided?

Restorative Nursing

Illinois - QUIP Intensive Intervention Program

Inspectors use the following guidelines to evaluate the Restorative Nursing Program:

1) Facility defines the term restorative nursing within the context and philosophy of the individual facility;
2) The facility designs protocols of care for restorative nursing practice to include, but not limited to: ambulation, positioning, level of physical activity, activities of daily living and prevention of deformities and decubitus;

3) Director of Nursing and Medical Director establish a position paper for the facility on the role of restorative nursing;
4) Facility develops a process that allows maximally efficient resident assessment, care planning, implementation, documentation and evaluation of residents' restorative nursing needs;
5) Facility has available and uses necessary equipment for a restorative nursing program.

Wisconsin - Nurse reviewers review charts to evaluate restorative nursing services for both quality and compliance considerations.

Accidents

Illinois - QUIP Intensive Intervention Program

Inspectors use the following guidelines to evaluate the Accidents Monitoring and Evaluation Program:

1) Protocols for accident/incident investigation are established;
2) Facility monitors the resident's response to an accident/incident after the occurrence and takes appropriate action;
3) If physician evaluation is needed, procedures are available;
4) Results of accident investigation lead to active preventive steps;
5) Patients at high risk are identified and appropriate steps are taken;
6) Patient's treatment plan includes measures to prevent accident/incidents;
7) Preventive measures are implemented;
8) Plans are implemented for the patient after an accident/incident to prevent further occurrences.

New York - During Stage I, reviewers note whether a patient has had 2 or more accidents or one accident which led to serious injury during the past 6 months. This SHE evaluates accidents to determine whether a facility adequately supervises residents, adequately identifies the causes of accidents, and plans, where possible, to prevent occurrence or reoccurrence.

For Stage II of the review, reviewers try to verify that the facility investigated the accident to try to determine the cause; that the facility monitored the patient's response to the accident(s) afterward and was evaluated by a physician if needed and, for patients at high risk for accidents, that measures were taken beforehand to prevent the accident. Reviewers also check to see that patients have an individualized plan for prevention of future accidents which is being carried out as developed and that there is evidence of regular evaluation and revision of the plan as needed.

Catheterization

Illinois - Inspectors observe residents with indwelling catheter and note the type of catheter. For residents with intermittent catheterization, inspectors observe staff procedures. The following set of guidelines are used to determine if residents' needs are met.

Need Met:
- Insertion site free from inflammation unless addressed in the clinical record.
- Tubing and/or bag properly positioned.
- Urine clear unless addressed in the clinical record.
- Facility following its own protocol and/or written procedures for catheterization.

Need Not Met:
- Signs of inflammation at insertion site or penile irritation from Texas catheter without clinical record reflecting date of observation; plan of care indicated.
- Tubing and/or bag improperly positioned and/or maintained.
- Urine sedimentation and clinical record does not indicate observation and subsequent plan of action.
- Facility not following its own protocol and/or written procedures for catheterization.
- Facility does not have protocols and/or written procedures for catheterization.

Need Not Met/Do Not Score:
- Level 2 service rendered by nonlicensed personnel.

QUIP Intensive Intervention Program

See continence for guidelines of the Bowel and Bladder Program.

New York - SHEs are present for patients who have indwelling uretheral catheter inserted for reasons other than to empty the bladder once, external catheter used on a continuous basis for four or more days during the late 12 weeks (do not have to be continuous) on day of review (Stage I).

Stage II reviewers answer the following questions:

1) Physician order for catheter?
2) Have physician orders for irrigation and replacement of the catheter been carried out as ordered?
3) Was the patient evaluated for continued use of the catheter?
4) For patients who have not been free from urinary tract infections during the past 6 months, were therapies consistent with the culture and sensitivity report?
5) Was the patients response to therapies monitored?

Decubitus Care

Illinois - Inspectors observe decubitus and determine resident need. The following guidelines are used to determine if residents' needs are met.

Need Met:

- Level 1, 2 evidence that specified treatment protocol is being followed, i.e. water mattress, turning, positioning.
- Clinical record reflects current status of wound.

Need Not Met:

- Level 1, 2 evidence that specified treatment protocol is not being followed, i.e. water mattress, turning, positioning.

Need Not Met/Do Not Score:

- Resident has a decubitus and the facility is not addressing either with treatment or preventive program.
- Treatment plan not being carried out by licensed personnel.

Need Met:

- Level 3, 4 skin is intact and/or signs of breakdown are present and the clinical record indicates observation and subsequent change of treatment plan.

Need Not Met:

- Level 3, 4 skin is not intact and/or signs of breakdown are present and the clinical record does not indicate observation and subsequent change of treatment plan.

Need Not Met/Do Not Score:

- Preventative treatment program for Level 3, 4 is not carried out as indicated.

Illinois Intensive Intervention Program

Inspectors use the following guidelines to evaluate facility's intensive skin care program:

1) Prevention protocols are outlined and prevention and treatment skin care measures are defined and instituted as needed.
2) Appropriate protective devices available and being used as needed.
3) Schedules of repositioning defined and documented as being carrier out.
4) Proper nutritional programs defined and put into protocols.
5) Protocol defined for early intervention in process of decubiti formation.
6) Appropriate medical defined and acted upon as needed.
7) Individualized treatment plan for decubiti and protocols developed for intervention and follow up activities.
8) Identification by facility of a goal for the number of decubiti in the facility and progress made towards achievement of that goal.
9) Staff training and competence review and checks.
10) Care planning approach that promotes maximum staff cooperation.

New York - Reviewers indicate presence of decubitus ulcers on day of review. (Stage I)

Stage II reviews answer the following questions:

1) Did the patient receive preventive skin care before the decubitus ulcer developed? (Including repositioning, lubrication of skin, hygiene, hydration, nutritional support, gentle massage of pressure areas and close observation of pressure areas.)
2) Has the original site improved?
3) Did decubitus form while patient was in this facility?

Wound Care

Illinois - Reviewer observes wounds and treatment being given. The following guidelines are used to determine if residents' needs are being met.

Need Met:
- Treatment being carried out as indicated in Kardex, treatment sheet and/or care plan.

Need Not Met:
- Treatment not being carried out properly.
- Nurse's notes do not reflect current status of wound (frequency of recorded observations should be stated as part of the treatment plan).

Need Not Met/Do Not Score:
- Care not performed by licensed personnel.
- Wound present with no indication facility staff is aware of wound.

Injections

Illinois - Inspectors observe clinical records or injection site. They use the following guidelines to determine if residents who receive injections have their need met.

Need Met:
- Injection site is free of signs of inflammation/irritation, or if present, clinical record reflects this observation and subsequent plan of action.

Need Not Met:
- Injection site is not free of signs of inflammation/irritation, and the clinical record does not reflect this observation and subsequent plan of action.

IVs & Clysis

Illinois - Inspectors observe insertion site and check clinical records. They use the following guidelines to determine if residents' needs are met.

Need Met:

- Insertion site is free of inflammation or if present, the clinical record reflects this observation in the plan of care.
- Facility follows its own protocol and/or written procedures on I.V.s.

Need Not Met:

- Insertion site is not free of inflammation and the clinical record does not reflect this observation and plan of care.
- I.V. tubing and dressing changes are not done in accordance with facility's protocol and/or written procedures.
- Facility does not have protocols and/or written procedures on I.V.s.

Laboratory-Specimen Service

Illinois - Inspector reviews documentation to check that facility staff obtained the specimen. The following guidelines are checked to see if residents' needs are met.

Need Met:

- Facility collects specimen in timely fashion.
- Facility follows its own protocol and/or written procedures for subsequent action following receipt of laboratory reports.

Need Not Met:

- Specimen not collected at specified times.
- Staff does not adhere to facility's protocol and/or written procedures for subsequent actions following receipt of laboratory report.

Need Not Met/Do Not Score:

- Physician orders lab and facility does not complete.
- If Case Manager wants verification from team physician as to whether lab work is necessary, mark need not met and mark physician referral.

Wisconsin - Both the Physician and RN reviewer check charts to determine whether there was appropriate use of laboratory services noting any problems with quality or compliance considerations.

Medications/Medication Monitoring

Illinois - Inspectors check documents for the physician order, medication record and nurse's signature. The following guidelines are used to determine if residents' needs are met.

Need Met:

- Resident is given adequate hydration following ingestion of medications unless medications are given with solids.
- Medication is given within one hour of scheduled time.

Need Not Met:

- Clinical record does not indicate resident's allergy, if applicable.
- Resident not given adequate hydration following ingestion of medications unless medications given with solids.
- Medication is not given within one hour of scheduled time.
- Medication monitoring is not consistent.

New York - No stage I review, a random sample of residents receive stage II reviews. Stage II reviewers answer the following questions:

1) Is there evidence that the medication regiment has been monitored and evaluated on an ongoing basis by the nurse or doctor to determine if it is producing an adverse drug reaction?

   To assist reviewer in determining adequacy of the on-going monitoring and evaluation, the reviewer should identify the presence of the following drug therapy problems:

   a. patients taking 3 or more laxatives concurrently;
   b. a new order for an antidepressant or an increase in the dosage of an existing antidepressant within 7 days after the onset of the administration of the medication from the original order;
   c. patients who are taking antihypertensions and have not had a blood pressure recorded on a regular basis;
   d. the continuous use of hypnotic drugs for more than 30 days;

e. patients who are on cardiotonic therapy and have not had a pulse rate recorded on the chart prior to administration of the cardiotonic; and

f. patients taking diuretics (or diuretics and cardiotonics) who have not had a serum electrolyte determination within 30 days after initiation of therapy and regularly thereafter.

2) Was the proper technique utilized in the administration of the medication?

3) Was the medication administered as ordered?

Wisconsin - RN reviews charts to evaluate medications was checking for problems with both quality and compliance considerations.

Ostomy Care

Illinois - Inspectors observe ostomy care and review treatment plan. They use the following guidelines to determine whether residents' needs are met.

Need Met:
- Facility follows its own protocol and/or written procedures for ostomy care.
- Ostomy site is free of excoriation.
- Excoriation is present. The clinical record indicates onset and the plan of care is altered.

Need Not Met:
- Staff does not adhere to facility's protocol and written procedures.
- Excoriation observed with no indication in the clinical record and the plan of care is not altered.
- Facility does not have protocol and/or written procedures for ostomy care.

Need Not Met/Do Not Score:
- Care not performed by licensed personnel.

Suctioning

Illinois - Inspector observe resident treatment using the following guidelines to determine if resident needs are met.

Need Met:
- Facility following its own protocol and/or written procedures for sunctioning.

Need Not Met:
- Staff does not follow its own protocol and/or written procedures for sunctioning.
- Facility does not have protocol and/or written procedures for sunctioning.

Need Not Met/Do Not Score:
- Care not performed by licensed personnel.

Tracheostomy Care

Illinois - Inspectors observe resident treatment and use the following guidelines to determine if resident need is met.

- Facility following it own protocol and/or written procedures for tracheostomy care.

Protocol should address:
- Training licensed staff must have prior to providing this service:
- guidelines for infection control;
- frequency with which observations of ostomy site and respiratory status should be recorded in the clinical record; and
- guidelines for maintaining sterility and/or cleanliness of catheters.

Need Not Met:
- Staff does not follow its own protocol and/or written procedures for tracheostomy care.
- Facility does not have protocol and/or written procedures for tracheostomy.

Need Not Met/Do Not Score:
- Care not performed by licensed personnel.

Occupational Therapy and Related Rehabilitative Services

Illinois - Inspectors observe the occupational therapist conducting therapy sessions for level 1 and 2. For levels 3 and 4, inspectors observe rehabilitation aides conducting sessions and check documents for therapists signature on assessment and reassessment. They use the following guidelines to determine if residents' needs are met.

Need Met (for levels 1 & 2)

- When plan is being carried out as specified and resident is meeting goals.

Need Met (for levels 3 & 4)

- When plan is being carried out as specified and resident is meeting goals.
- Resident attends at least 85% of scheduled sessions and clinical record indicates absentee was due to resident being ill or absent from the facility.

Need Not Met:

- Resident is not meeting goal(s) and the clinical record does not indicate staff is addressing lack of progress.
- Resident attends less than 85% of scheduled sessions and clinical record does not indicate resident was ill or absent from the facility.

Needs Not Met/Do Not Score:

- Goals are not designed to increase resident's functional capabilities.
- PT, PTA and/or Rehab-aide time records do not support number of residents in therapy.
- Rehab-aide is not a CNA or equivalent.
- Rehab-aide has not received specified training in a rehabilitation course as outlined and approved by IDPA.

Wisconsin - Both Physician and RN reviewers review charts to evaluate whether appropriate therapies are being provided to residents, noting any problems with quality or compliance considerations.

Physical Therapy and Related Rehabilitative Services

Illinois - For Level 1 residents, inspectors observe physical therapist conducting therapy sessions. For Level 2 and 3 residents, a physical therapy aide is observed conducting sessions and for Level 4 residents, inspectors check documentation for therapists signature on assessments and reassessment. The following guidelines are used to determine if residents' needs are met.

Need Met: (for levels 1 & 2)

- When plan is being carried out as specified and resident is meeting goals.

Need Met: (for levels 3 & 4)

- When plan is being carried out as specified and resident is meeting goals.
- Resident attends at least 85% of scheduled sessions and clinical record indicates absentee was due to resident being ill or absent from the facility.

Need Not Met:

- Resident is not meeting goal (s) and the clinical record does not indicate staff is addressing lack of progress.
- Resident attends less than 85% of scheduled sessions and clinical record does not indicate resident was ill or absent from the facility.

Needs Not Met/Do Not Score

- Goals are not designed to increase resident's functional capabilities.
- Rehab-aide time records do not support number of residents in therapy.
- Rehab-aide is not a CNA or equivalent.
- Rehab-aide has not received specified training in a rehabilitation course as outlined and approved by IDPA.

Wisconsin - Both physician and RN reviewers review charts to evaluate whether appropriate therapies are being provided to residents, noting any problems with quality or compliance consideration.

Respiratory Therapy

Illinois - Inspectors observe therapy and use the following guidelines to determine whether residents' needs are being met.

Need Met:
- Facility follows its own protocol and/or written procedures for respiratory therapy.

Protocol should address:
- Which staff provide which type service.
- Infection control procedures.
- Staff training required to carry out these services.
- Frequency with which assessment of respiratory status should be recorded in the clinical record.

Need Not Met:
- Evidence that specified treatment protocol and/or written procedures are not being followed.
- Facility does not have protocol and/or written procedures for respiratory therapy.

Need Not Met/Do Not Score:
- **Treatment is ordered, but not being carried out.**

Wisconsin - Both physician and RN reviewers review charts to evaluate whether appropriate therapies are being provided to residents, noting any problems with quality or compliance considerations.

Speech-Language Pathology and Audiology Rehabilitative Services

Illinois - Reviewer observes treatment and checks the monthly therapist review documentation.

Need Met:

- When plan is being carried out as specified and resident is meeting goals.

Wisconsin - Both physician and RN reviewers review charts to evaluate whether appropriate therapies are being provided to residents, noting any problems with quality or compliance considerations.

SocialServices/Activities

Social Service Assessment

Illinois - Reviewer checks to see that resident has an initial social history and service assessment and that existing needs are identified in the residents care plan.

Scored Yes or No.

Adequate Social Services

Illinois Reviewer checks to see if residents social services needs are being met.

Scored Yes or No.

Wisconsin A social worker reviews resident's chart and evaluates how well the home is doing in the following social care areas; activities, social services and discharge planning. The surveyor notes quality and compliance considerations including inappropriate application of services.

Also the social worker records observations of resident's social needs and condition based on a visit with the resident (resident's report of own social functioning). A staff description of resident social and emotional needs is also recorded based on interviews with aides and other staff. Included are comments on the resident's progress and alternative placement potential.

Behavioral Problems

New York - Stage I reviewers check records for evidence of behavioral problems including verbal disruption, physical aggression, disruptive/infantile/socially inappropriate behavior, hallucinates, and depression.

Stage II reviewers answer the following questions: 1) Evidence that alternatives or adjuncts to drugs (other than physical restraints) are considered as part of care plan? 2) Are side effects of drug(s) on patient's behavior noted by the nurse?

Illinois - QUIP Intensive Intervention Program

Inspectors use the following guidelines to evaluate the Behavior Problem Management Program:

1) A thorough assessment of the behavioral problems is performed by qualified professionals and documented in medical records.
2) A plan of care is developed and implemented.
3) Physician's plan of care addresses resident's behavioral problems.
4) Evidence of regular monitoring of resident progress and revision of the plan as needed.
5) Resident's behavioral problem has been reviewed within the past 6 months.
6) Positive and/or negative effects of drugs on the resident's behavioral problem(s) is recorded in nurse's summary.
7) Alternatives to drugs has been considered and adopted where appropriate.
8) Medical record indicates there has been at least a monthly review to determine whether the use of restraints needs to be continued.
9) There is evidence that the restraints are being removed every two hours for purposes of exercises, toileting, etc.
10) Alternatives to physical restraints for care of resident's behavioral problem(s) have been considered and used where appropriate.

Adequate Activities

Illinois - Reviewer checks to see that resident has a current activity plan of care and is receiving an appropriate activity program.

Scored yes or no.

New York - Patients/residents are randomly selected for Stage II reviews of their activities. Surveyors establish whether diversified activities are incorporated into the patient's daily program with a meaningful choice of recreational activities and stimulation.

Surveyors interview patients and observe activities to find whether
1) patients have opportunity to exercise a choice of activities,
2) patients' activities plans are tailored to reflect interests.

Staff

Wisconsin - Surveyors check whether the number of staff is sufficient, whether staff has the appropriate training and qualifications, whether an active in-service education program exists, whether staff mood is happy and self-critical rather than harried and defensive, whether staff is supportive of the administration, whether staff members have a neat and clean appearance, whether staff is truly interested in improving residents' lives or are just doing their jobs and finally whether communication exists among staff and residents and among each other.

Illinois - QUIP Intensive Intervention Program

Inspectors use the following guidelines to evaluate the advanced nurse aide training program:

1) The training program curriculum includes, but is not limited to, the following courses: decubitus care, contracture care, assessing resident's emotional needs, bowel and bladder training, care for indwelling catheters, preventing accidents, behavior management, restorative nursing, community integration, discharge and transfers, documentation requirements for the medical record, basic psychiatric intervention skills, reality oriented and reminiscence activities for individuals and small groups and habilitation training.
2) Each course includes a method of evaluating participants' successful completion.
3) Complete records of the training program are kept.
4) The facility has an advisory committee which periodically reviews course.

Professional Ties

Wisconsin - Surveyors check whether physicians and the medical director are involved in patient care, whether the transfer of information inter- and intra-facility is appropriate and timely, whether relations with providers of lab/x-ray services are good and the

quality and source of ancillary personnel, therapists and other professionals.

Management

Wisconsin - Surveyors check whether the administrator and Director of Nurses are knowledgeable about resident population needs, whether there is an active staff training and evaluation process, whether policies are focused to reflect resident benefit, facility benefit or code compliance, whether the financial management provides sufficient supplies, equipment, and staff, and whether there is appropriate resource allocation and what management attitude is regarding support professionals and committees.